Non-Consent Form

This form must be notarized.

| Print Complainant's Name: | | | |
|--|------------------------|--------------------|-------------------------------|
| , | (First) | (Middle) | (Last) |
| Complainant's Gender: | ☐ Male | ☐ Female | |
| Complainant's Date of Birth: | | | - |
| Complainant's Address: | | | |
| Complainant's Telephone: _ | | | |
| I, the above-listed complainar identifying information or doc me, or any person under my | uments belon | ging, assigned, or | • |
| A) to obtain credit, money or benefit; | , goods, serv | ices, employment | , or any other thing of value |
| B) to avoid civil or crimina | ıl process or p | enalty; | |
| C) to harm my or any person, or estate. | son under my | legal guardianshi | p's reputation, property, |
| Complainant's Signature: | | | _ Date: |
| Notary Information Belo | ow: | | |
| Subscribed and sworn to befo | ore me | | |
| This day of | , | | <u>-</u> - |
| | My commission expires: | | |